



EXECUTIVE OFFICES
875 EAST STREET
TEWKSBURY, MASSACHUSETTS 01876-1495
978-851-8000

March 1, 2017

Jennifer Artesi
173 Beauty Hill Road
Center Barnstead, NH 03225

Dear Jennifer:

Your health and/or dental insurance has been maintained for the last eight weeks of your absence. Currently, \$584.00 for your employee contribution for this time period is due and a schedule is attached.

****PLEASE NOTE**** If this payment is not received within 30 days from the date of this letter any medical/dental payments made on your behalf during this time period will be retracted by our insurance carrier and your termination of coverage will become 12/31/2016.

Checks can be made payable to Demoulas Super Markets Inc. and mailed to the address listed above, attention: Cash Management/Cobra.

According to our policy, an employee who is absent from employment for greater than twelve weeks will be offered our Cobra plan for continuation coverage. This option is available to you and your dependents once the above premium is paid.

If you have any questions in regards to this notification or to the Cobra option please feel free to call 978-640-8352.

Sincerely,

Betsy Pelletier
Benefits Manager



March 1, 2017

BENEFIT CONTINUATION NOTICE

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Dear Jennifer Artesi:

This notice contains important information about your right to continue your health care coverage in the Demoulas Super Markets, Inc. health plan, as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace. Please read the information contained in this notice very carefully.

This letter is to inform you that as of February 18, 2017, your coverage under the Demoulas Super Markets Inc. plans will be terminating because of the following reason:
Termination

In accordance with the federal law COBRA, you are eligible to elect to continue coverage under the Demoulas Super Markets Inc. for a time period of 18 months. If you or your qualified dependents were disabled at the time of your Qualifying Event, or become disabled within sixty days of this date, you may be eligible for an extension of eleven more months of coverage. If you or your dependents elect to continue coverage your benefits will be identical to the coverage provided for active employees and their dependents.

If continuation coverage is chosen, you or your dependents are responsible for the proper premium payment monthly.

The monthly premium cost for the Family medical plan is: \$1626.88.

The monthly premium cost for the Family dental plan is: \$94.37.

You may continue coverage under the medical, dental plan only or both the medical and dental plans if you are currently enrolled in both plans.

There may be other coverage options for you and your family. When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

If you wish to continue your coverage please complete the enclosed Benefit Continuation Election Form and mail it to:

Demoulas Super Markets Inc.
875 East Street
Tewksbury, Massachusetts 01876
Attn: Benefits Department



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BENEFIT CONTINUATION NOTICE - PAGE 2

We must receive the Benefit Continuation Election Form, no later than: April 25, 2017 and at this time your right to elect continuation of benefits ceases.

*Please note: that your spouse and dependents (if any) are entitled to make a separate election of continuation. If you elect to continue coverage for yourself, coverage will be continued automatically for your covered dependents, unless they separately elect to refuse coverage. If your eligible dependents do not reside at your home address it is your responsibility to provide correct addresses for these dependents within 30 days of receiving this notice so that proper cobra notification can be sent to these dependents.

If continuation coverage is chosen we must receive your first premium payment no later than June 9, 2017.

This premium covers the first four months of continuation coverage. If you choose to elect less than four months of continuation coverage or desire to pay this initial premium payment in installments please contact our office for further arrangements.

PLEASE NOTE: Reinstatement in the cobra group occurs once either the first premium payment is received in full on the date listed above or a portion of the first premium is received immediately and the remainder paid consistently on a monthly basis at the beginning of each month of coverage. We do not bill you for the monthly installments.

Your continuation coverage may be canceled before the maximum time period only for the following reasons: The date Demoulas Super Markets Inc. ceases to provide a group health care plan for any employee, or your failure to pay the required premium by the due date, or the date you become covered under another group plan or entitled to medicare benefits if this event occurs after your cobra election date.

If you have any questions in reference to the COBRA legislation or in completing the enclosed Continuation Election Form, please feel free to call: (978) 640-8352 or

Massachusetts residents: 1-800-354-1717

Sincerely,

Betsy Pelletier
Benefits Manager